LOBBYING REGISTRATION FORM

To be used for initial registrations and renewals. Registrations expire on January 31 unless a renewal is submitted between December 1 and January 31.

Instructions

- Print in ink or type.
- Complete form, have it notarized and return with \$10 registration fee to the Board of Pthics, \$401 United Plaza Blvd., Suite 200 Baton Rouge, LA 70809-7017, (504) 922-1400.
- Initial registrations must be submitted within 5 days of (1) employment as a lobbyist or (2) first action requiring registration. Renewals must be submitted between December 1 and January 31.

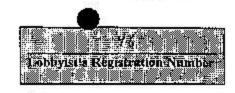
Lea Charles Edward NAME Lam First M! Lam Lam Lam First M! Lam Lam	;
BUSINESS PHONE 504-752-5979 Area Code and Pitona Number BUSINESS ADDRESS 12443 Coursey Blvd., Baton Rouge, LA 70816 Street and No. City State Zip EMPLOYER Lea & Associates 12443 Coursey Blvd., Baton Rouge, LA 70816 Street and No. City State Zip LIST BELOW (a) Names of persons, groups, or organizations which you represent; (b) the address of each such organization you represent; (c) the type of business each is engaged in or the purpose or function of the organization by Each Person You Represent or Who EMPLOYS YOU. THOSE FORMS MUST LISTING. 1. Name Health Plus of Louisiana, Inc. Address 2751 Virginia Ave., Suite 1 A. Shreveport, LA 71103 Health Maintenance Organization Business or purpose	
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Business or purpose	
Does this person pay you? Yes	
If No, who pays you? FPM Behavioral Health, Inc.	
2. Name V	i .
Address 1276 Minnesota Ave., Winter Park, FL 32789	
Business or purpose Managed Behavioral Health Care Company yes	
Does this person pay you?	
If No, who pays you?	

FOR OFFICE USE ONLY Postmark Date: 12 23 97

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LOBBYING REGISTRATION FORM

Rev. 6/96



REGISTRATION

ONLY

√ Louisiana Health Care Alliance 3. Name 12046 Justice Ave., Suite B, Beton Rouge, LA 70816 Address **Business Association** Business or purpose Does this person pay you? YOS If No, who pays you? Eli Lilly and Company Lilly Corporate Center, Indianapolis, IN 46285 Business or purpose Pharmaceutical Manufacturer Does this person pay you? If No, who pays you? Louisiana Health Care Review, Inc. Name 8591 United Plaza Blvd., Ste. 270 Baton Rouge, LA 70809 Address Peer Review Organization Business or purpose Does this person pay you? Yes If No, who pays you? Charles E. Lea , who, after being Before me, the undersigned authority, personally came and appeared duly sworn by me, did declare and acknowledge to me that the above statements are true and correct. Sworn to and subscribed before me on this 25 NOVEMBER , 1997. ATTACH 2" x 2" PHOTOGRAPH HERE FOR. INITIAL

